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## BIB DATA SHEET

CONFIRMATION NO. 9759

| SERIAL NUMBER  | FILING or 371(c)<br>DATE<br>RULE  | CLASS  | GROUP ART UNIT                  | ATTORNEY DOCKET<br>NO.                                       |                 |                       |
|--|---|--|---------------------------------|--|-----------------|-----------------------|
| 10/057,468   | 01/25/2002  | 705  | 3626                            | 16131-1  |                 |                       |
| <b>APPLICANTS</b><br>Larry J. Kane, Cedar Rapids, IA;<br>Bruce Benson, Cedar Rapids, IA;<br>Gary Wicklund, Coralville, IA;                     |   |  |                                 |  |                 |                       |
| ** CONTINUING DATA *****   |   |  |                                 |  |                 |                       |
| ** FOREIGN APPLICATIONS *****  |   |  |                                 |  |                 |                       |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **<br>02/19/2002   |   |  |                                 |  |                 |                       |
| Foreign Priority claimed<br>35 USC 119(a-d) conditions met<br>Verified and Acknowledged  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>/TRAN NGUYEN/<br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials | STATE OR<br>COUNTRY             | SHEETS<br>DRAWINGS   | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
|  |   | IA   | 4                               | 13   | 2               |                       |
| <b>ADDRESS</b><br>SHUTTLEWORTH & INGERSOLL, P.L.C.<br>115 3RD STREET SE, SUITE 500<br>P.O. BOX 2107<br>CEDAR RAPIDS, IA 52406<br>UNITED STATES |   |  |                                 |  |                 |                       |
| <b>TITLE</b><br>Computer method for collection and delivery of insurance statutory reporting information                                       |   |  |                                 |  |                 |                       |
| <b>FILING FEE<br/>RECEIVED</b><br>670  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   |  |                                 | <input type="checkbox"/> All Fees                            |                 |                       |
|  |   |  |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                 |                       |
|  |   |  |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                 |                       |
|  |   |  |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                 |                       |
|  |   |  |                                 | <input type="checkbox"/> Other _____                         |                 |                       |
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